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FACSIMILE TRANSMISSION

DATE: September 15, 2004

TO: EXAMINER KOFI SCHULTERBRANDT

FACSIMILE NO.: 703-872-9306

FROM: John G. Posa

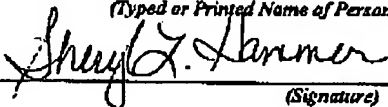
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RE: SN 10/626,041

MESSAGE:

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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. BCR-10002/29	
Applicant(s): Herrmann				
Application No. 10/626,041	Filing Date July 24, 2003	Examiner Schulterbrandt	Group Art Unit 3632	
Invention: SPRAY BOTTLE HANGER			RECEIVED CENTRAL FAX CENTER SEP 15 2004	
<p>I hereby certify that this <u>Amendment, Amendment Transmittal Letter</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703/872-9306</u>) on <u>Sept. 15, 2004</u> (Date)</p> <p style="text-align: right;"><u>Sheryl L. Hammer</u> (Typed or Printed Name of Person Signing Certificate)  (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>				

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. BCR-10002/29	
Applicant(s): Herrmann					
Application No. 10/626,041	Filing Date 7/24/03	Examiner Schulterbrandt	Customer No. 25006	Group Art Unit 3632	Confirmation No. 1247
Invention: SPRAY BOTTLE HANGER					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	3 -	20 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$43.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 07-1180 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
John G. Posa Reg. No. 37,424 Gifford, Krass, Groh 280 N. Old Woodward Ave. Suite 400 Birmingham, MI 48009 Tel. 734/913-9300			Dated: Sept. 15, 2004 <div style="border: 1px solid black; padding: 5px;"> I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) <div style="text-align: center;"> Signature of Person Mailing Correspondence Sheryl L. Hammer Typed or Printed Name of Person Mailing Correspondence </div> </div>		
cc:					

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SEP 15 2004

In re application of: Heitmann

Serial No.: 10/626,041

Group No.: 3632

Filed: July 24, 2003

Examiner: Schulterbrandt

For: SPRAY BOTTLE HANGER

AMENDMENT

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed June 15, 2004, please amend the above-referenced application as follows:

GIFFORD, KRASS, GROH, SPRINKLE, ANDERSON & CITKOWSKI, P.C. 280 N. OLD WOODWARD AVENUE, STE. 400, BIRMINGHAM, MICHIGAN 48009-5394 (248) 647-6000